

**Assistants in Nursing (AINs) working in PICU:  
The evidences to oppose.**

**Introduction**

The NSW Nurses and Midwives' Association (NSWNMA) firmly holds the opinion that Assistants in Nursing (AIN) are valuable members of the health care team, and this is supported by research. The NSWNMA strongly supports assistants in nursing with their role in assisting regulated nurses in the provision of nursing care where clinically appropriate.

The NSWNMA recognises the increasing trend for LHD mental health services employing unregulated health workers (such as AINs), in an attempt to reduce their costs.

The argument put forward by a number of NSW Local Health Districts (LHD) for employment of AINs in acute mental health is that it would free up the Registered Nurse (RN) from the mundane tasks and allow them to focus more on RN nursing duties.

The counter argument against employing AINs in acute mental health units is that it will lead to a negative impact on patient outcomes and the safety of both clients and staff, along with a corresponding rise in health care costs due to higher workers compensation costs and longer and more frequent client admissions.

The Director of Nursing, Mental Health Drug and Alcohol Services in a letter to the Hornsby Ku-ring gai Hospital Branch dated 18<sup>th</sup> May 2016, acknowledges "that the MHICU is an area of expert clinical skill and high acuity services".

Qualified and experienced RNs and Enrolled Nurses (ENs) in acute mental health areas are required to make informed clinical decisions based on their education and

expert experience. This is paramount for delivery of optimal health care to clients and critical to maximising the safety of both clients and staff.

The NSWNMA position has always been that AINs should not be employed at the expense of registered or enrolled nurse positions and must be employed to provide nursing care where clinically appropriate.

The specialty of mental health nursing appears to be at the mercy of cost constraints that could see the highly qualified and experienced mental health nurse lose out to the cheaper, less qualified unregulated AIN. We must strongly advocate that all NSW mental health facilities employ RNs and ENs with the appropriate mental health experienced and/or mental health qualifications, in units such as PICUs/MHICUs and strictly adhere to the National Mental Health Standards.

## **General Comments**

### **Role of AINs in a PICU**

The definition Assistant in Nursing (Public Health) (AIN) as per the NSW Health 'Assistants in Nursing Working in the Acute Care Environment Health Service Implementation Package' 2009 (page 32), is:

- *“A worker who assists nurses to provide fundamental patient/consumer nursing care who is not licensed to practice as a registered or enrolled nurse/midwife.”*

The minimum educational requirement for an AIN working in NSW Health in any acute care environment is a Certificate III level qualification or is currently enrolled in a nursing degree programme as a student and has completed a minimum of 1 year study.

Their care activities are limited to basic nursing care only (these activities are outlined in the 'Assistants in Nursing working in the acute care environment, Health Service Implementation Package', NSW Health, 2009).

It must be noted that AINs are valuable members of the nursing team and have a distinct role in the provision of health care. It must also be acknowledged that their

qualifications and knowledge in performing their role in specialised acute areas such as acute mental health is quite restricted in comparison to the RN or EN with relevant mental health qualification and /or experience.

Communication is paramount to developing and maintaining the therapeutic relationship and model of care in mental health nursing. The AIN does not have sufficient grounding or understanding of the complexities of mental illness and the importance of communication in developing a rapport to build a therapeutic relationship with clients, limiting accessibility and ability to assess the level of risk with the client.

This lack of understanding will impact on the AINs ability to interact at a level that will allow them to sufficiently gauge the mental state of clients.

AINs are often required to work in areas with patients who need acute care without having the required knowledge, skills or competencies to manage the needs of acute care patients. Introducing AINs in such a critical and specialised area where communication, mental state observation and risk assessment, the core abilities required of nurses in acute mental health, are adding extra responsibilities onto the RN. This practice can only provide more opportunities for problems to arise, such as increased aggression and higher rates of seclusion.

The AIN has not had any of the essential formal education to provide a sound basis to further develop the required clinical knowledge, expertise, skills and competencies required for working in this highly specialised environment.

One of the major flaws in the proposal to introduce AINs to PICUs is that it only looks at the activities or role that an AIN can do in an acute care, low risk environment only. It is not examining the AIN in the context of a high acuity and high risk setting. There is no evidence of any risk assessment having been completed to evaluate the outcomes that would result from introducing AINs into the acute mental health setting.

The evidence provided by a risk assessment would highlight that this proposal would place the AIN at immense foreseeable risk with a high probability of harm.

To introduce an AIN into this type of environment without them having the appropriate education or level of clinical expertise and competencies would place them at risk and be in breach of the Work Health and Safety Act.

### **AINs at Increased risk of exposure**

In a recent study conducted at the Northern Sydney LHD 'Direct care activities for assistants in nursing in inpatient mental health settings in Australia: A modified Delphi study', Cowan, Brunero, Lamont, Joyce, Collegian (2015) 22, 53-60, looks at the direct care activities that were seen as acceptable to be performed by AINs.

The paper provided consensus outcomes from a panel of nursing experts, on a number of possible activities that may be acceptable for the AIN in inpatient mental health settings. The panel of nursing experts held either senior management positions or clinical positions to the level of clinical Nurse Consultant.

The studies primary focus is in addressing some of the basic 'direct care activities' that may be applicable to AINs working in mental health. These basic direct care activities or 'tasks' that the AIN may be able to perform are more applicable to the medical/surgical wards or aged care sector rather than mental health specific.

The activities of care outlined in the study, were taken from the 'Assistants in Nursing working in the acute care environment' Health Service Implementation Package, *NSW Health (2009)*. But the study failed to address (*page 6*) the issue of:

*"What is the ratio/average number of unstable patients that require constant application of technical skills beyond the scope of practice of an AIN?"*

The average number of unstable patients in a mental health ICU is 100%, which is why they are held under the Mental Health Act.

We are of the view that in acute mental health services where clients are held under the Mental Health Act, the patients would have to be seen as requiring constant

application of mental health nursing therapeutic skills and competencies. These therapeutic skills are beyond the 'scope of practice' of an AIN.

What was not found acceptable by this panel of nursing experts in this study was the activity of "Conducting MSE Notify of change of Mental State" (page 57). This finding from the study, when you have a clear understanding of the mental health assessment process, reinforces the argument against employing AINs in acute mental health settings.

The mental status examination (MSE) or mental state assessment is one of the core components of mental health nursing. It is an ongoing assessment of mental health clients functioning and risk.

The MSE is an appraisal of the mental health client's appearance, behaviour, mental cognition and overall bearing of a client. It is a "snapshot" of a person's mental state and helps in the assessment of risk at a given point in time.

The mental state examination takes into consideration the:

- Appearance
- Behaviour
- Mood and affect
- Speech
- Cognition
- Thoughts (content and process)
- Perception (Dissociative symptoms, delusions, Hallucinations)
- Insight and Judgement

The above, all contributes to the risk assessment and the management plan of the mental health client and is an ongoing activity preformed during any interaction or engagement with the clients.

Mental health nurses are frequently faced with the need to manage client's very complex mental health symptoms. Clinicians working in highly volatile and intensive environments such as PICUs need to have the knowledge and skills to identify

mental health symptoms, and have the competency to manage the symptoms quickly.

By not having the skill base or competency to perform a MSE, the AIN is at a disadvantage of not being able to monitor the client's ongoing mental state to assess if there is any deterioration or change in risk level, thus exposing them to an increased probability of risk and possibly a high degree of harm if there is any deterioration. No amount of orientation or 'on the job' education that may be provided, would mitigate the risks involved. The only safe option available would be to eliminate the risk by not employing the AIN in this type of work environment.

### **RN supervision of AINs**

The RN usually has completed an undergraduate degree and often done further study such as a graduate diploma or Master in Mental Health at a University to specialise in mental health nursing.

*“The effective care and treatment of mental disorders requires nursing staff to apply a combination of pharmacological, psychological and psychosocial interventions in a clinical meaningful and integrated way (WHO, 2001).”*  
*(Mapping nursing activity in acute inpatient mental healthcare settings, Bee PE; Richards DA; Loftus SJ; Baker JA; Bailey L; Lovell K; Woods P; Cox D, Journal of Mental Health, April 2006; 15(2): 217 – 226, (Page 218)*

Highly educated and experienced nursing clinicians are required to provide optimum care with managing clients who have often been detained under the mental health act due to their very high level of un-wellness and are often a danger to themselves and/or others. It must follow that clients who need this high level of observation and expert clinical management require the most skilled and highly qualified staff to care for them in the most therapeutically effective way during their admission to ensure best possible outcomes

*“It may be as the informants in this study believed, that other units are unable to care for ‘PICU patients’ especially because of large spaces, limited structured environment and a lack of skilled staff.”*

*(The core characteristics and nursing care activities in psychiatric intensive care units in Sweden, Salzmänn-Krikson M; Lützn K; Ivarsson A; Eriksson H, International Journal of Mental Health Nursing (2008) 17, 98–107, page 104)*

A positive therapeutic relationship is necessary for a successful outcome for clients. The employment of staff with the clinical knowledge, experience and competencies to provide this intervention must be factored into the cost of staffing the unit. To achieve therapeutic interventions we must ensure that RNs who have mental health experience and the competencies to provide clinical interventions that develop and maintain a therapeutic relationship with their clients is the most cost effective way of managing clients in a PICU.

*“This professional aspect of care relates to how psychiatric nurses change their approach within relationships and what makes these relationships professional and therapeutic. Therapeutic relationships differ from any other kind of relationships because psychiatric nurses are bound by a code of conduct and also a duty of care.”*

*“Individualized care in relation to how psychiatric nurses perceive the therapeutic relationship also describes a process of care provision in relation to continuous care by a team of nurses. Continuity of care is significant in relation to building therapeutic relationship.”*

*(Psychiatric nurses perceptions of the constituents of the therapeutic relationship: a grounded theory study, Scanlon A, Journal of Psychiatric and Mental Health Nursing, 2006, 13, 319–329 Page 322)*

Part of what shapes the therapeutic relationship is the code of conduct and a duty of care the nursing clinician works within. Professional accountability of the nursing clinician allows more autonomy in developing an individualised care plan and provides greater opportunities to develop rapport and build a therapeutic relationship with the client. These opportunities occur while the nurse assists the client during everyday living activities such as making their bed or assisting them with their showering. These ‘moments’ during the sharing of everyday activities provide an opportunity for the nurse to engage the client and build trust and develop a rapport, while allowing the nurse to explore and informally assess the mental state of the

client. This allows an ongoing assessment and evaluation of the client in different settings and provide for better health outcomes than would be possible in a team nursing framework.

*“The time that nurses spend with each patient in any inpatient mental health setting would conceivably include such activities as mental state assessment and assessment of risk, attempting to understand the patient’s perspective of their current situation, as well as implementing strategies to meet the care needs of those patients.”*

*(Care zoning in a psychiatric intensive care unit: strengthening ongoing clinical risk assessment, Antony Mullen, Vincent Drinkwater and Terry J Lewin, Journal of clinical Nursing (23, 731–743, doi: 10.1111/jocn.12493) 2013, page 732)*

*“Barker (1998), Chambers (1998), Peplau (1952) and Travelbee (1966) testify to the fact that the therapeutic relationship is ‘the rock’ on which psychiatric nursing is built. Therefore, a full and unequivocal understanding of what forms these relationships is paramount to performing the role of a psychiatric nurse.”*

*(Psychiatric nurses perceptions of the constituents of the therapeutic relationship: a grounded theory study, Scanlon A, Journal of Psychiatric and Mental Health Nursing, 2006, 13, 319–329 Page 320)*

The qualifications, experience and competencies of the mental health nurses must be recognised. Mental health nursing is a specialty area and though a team (custodial) nursing care model appears less costly it will prove to be less effective resulting in poorer client outcomes and eventually cost more in the long term.

*“However AINs’ knowledge/ skills base is significantly less than that of an RN. Indeed, Deshong and Henderson (2010) recognise that AINs often work with patients who need acute care, without the required knowledge or skills to adequately cope. Clarke (2004, p67) also supports this view, adding that ‘educated and experienced nurses’ often make informed clinical decisions which lead directly to positive patient outcomes”.*



*(Getting the mix right: Assistants in Nursing and skill mix, Shearer T, ANMJ  
Nov 13 vol 21 no 5 Page 26)*

The *Mental Health Drug and Alcohol Services, Northern Sydney LHD, 'Assistant in Nursing Workforce Guidelines' 2014*, policy states that the AIN will be “responsible for their own actions and will remain accountable to the registered nurse for all allocated duties.” But the registered nurse is still ultimately accountable for the actions and care provided to the client delegated to the AIN by the RN and responsible for the AINs safety, this means that the RN is not only accountable for the AINs actions but also any increased and foreseeable risk that provision of delegated care may place the AIN in.

The Australian Health Practitioners Regulatory Agency 'Decision Making Framework' would exclude RN s from delegating any activities to an AIN due to the fact that the AIN is lacking the education background and competency to be able to perform tasks in a safe manner as:

*“the complexity of care required by the client indicates that a nurse should perform the activity, because specific knowledge or skill is needed”*

*Nursing practice decision flowchart narrative, Nursing-and-Midwifery-Board---  
Codes-and-Guidelines---National-framework-for-decision-making---  
September-2007 (page 8).*

The AIN would require constant supervision from the RN as they are unable to perform a mental state exam (which provides an ongoing assessment of the client's mental state and risk level).

By having to constantly supervise the AIN, this would interfere with the ability for the RN to supervise and monitor the mental health of their own clients adequately.

### **High risk and probable Harm**

The NSW Health 'Aggression, Seclusion & Restraint in Mental Health Facilities in NSW' PD2012\_035 (2012) states:

*“Health workers, particularly those who work in mental health units and emergency departments, carry a greater risk of work-related aggression than workers in many other occupations” (page 2).*

*“Because mental illness and mental disorder can sometimes lead to diminished control, impulsivity and lack of ability to self-regulate behaviour,”  
“Involuntary confinement and a feeling of lack of control can be distressing for anyone, particularly mental health consumers, and can preface an aggressive incident (Finfgeld-Connett, 2009)” (page 3)*

The Lamp article in *Volume 72 No 11 December 2015 – January 2016 Page 12 – 13* outlined the level of aggression and violence occurring in the Yaralla PICU at Cumberland Hospital last year. Forty-Five assaults causing injury to nurses in 34 months and on pages 14, referred to the Cumberland Hospital PICU as “One of Australia’s most dangerous workplaces”. The NUM sustained a brain injury during one altercation; other nurses have had similar injuries.

Violence and aggression in acute mental health and PICUs is a well-known and documented expected occurrence. The intensive structure and specialised clinical environment of a PICU with a high staff to Patient ratio 2:1 places clients at very close to ‘constant observation’. This is due to the fact that the clients are very unwell and a danger to themselves and or others. It must follow that clients who need this high level of observation require the most skilled and highly qualified staff.

Clients are often highly agitated, volatile and unpredictable. It would be negligent to place a minimally qualified worker such as an AIN into this type of work environment. Doing so would be placing the AIN in a situation that has a high probability of risk of harm and a high likelihood of serious harm. The mental health client would also be deprived of the opportunity of receiving the highest quality of care they need from highly qualified and competent nursing staff.

*“When making decisions about strategies to manage disturbed behaviour, it is important that health workers do not put themselves, their colleagues or mental health consumers at unnecessary risk.”*

*(The NSW Health 'Aggression, Seclusion & Restraint in Mental Health Facilities in NSW' PD2012\_035, 2012, page 2)*

The NSW Work Health and Safety Act 2011 No 10, Section 18, Subdivision 2, 18, What is "reasonably practicable" in ensuring health and safety,

- (a) the likelihood of the hazard or the risk concerned occurring, and*
- (b) the degree of harm that might result from the hazard or the risk, and*
- (d) the availability and suitability of ways to eliminate or minimise the risk,*

The risk to staff in acute mental health facilities is well known, clearly understood and documented in NSW Health policy. Therefore there is a foreseeable and predictable risk with a high likelihood of harm that has a high possibility of permanent damage or even death.

The NSW Work Health and Safety Regulation 201, Chapter 3, General risk and workplace management, Part 3.1 Managing risks to health and safety.

**34** *Duty to identify hazards*

*A duty holder, in managing risks to health and safety, must identify reasonably foreseeable hazards that could give rise to risks to health and safety.*

**35** *Managing risks to health and safety*

*A duty holder, in managing risks to health and safety, must:*

- (a) eliminate risks to health and safety so far as is reasonably practicable, and*

The NSWNMA is of the opinion that the only safe option available is to eliminate any exposure to the risk altogether by not employing AINs to work in this high risk environment.

To introduce an AIN into this type of environment knowing that they do not have the appropriate qualification or formal training that would ensure an appropriate level of clinical expertise and skill level to work in such a work environment would be in breach of the Work Health and Safety Act.

The National Mental Health Standards 2010 Standard 2 Safety, states:

- 2.6 *The MHS meets their legal occupational health and safety obligations to provide a safe workplace and environment.*
- 2.8 *The MHS can demonstrate investment in adequate staffing and resources for the safe delivery of care.*
- 2.9 *The MHS conducts a risk assessment of staff working conditions and has documented procedures to manage and mitigate identified risks.*

Employing AINs in acute mental health can be argued that it goes against the National Standards for Mental Health Services, Standard 2: Safety.

A more 'custodial' approach to inpatient care with less qualified staff will lead to a rise in aggression and will undoubtedly lead to more use of seclusion. A rise in aggression will result in an increased exposure to risk of injury for both clients and staff.

The recovery orientated model of care promoted by the National Standards for Mental Health Services 2010, requires knowledge of illness and individualised care. When AINs are included in the skill mix, a team nursing approach is required. The team nursing approach is a less desirable model especially in a PICU, due to the client presentation and profile, with clients suffering from an acute illness as a high level of skill and intensity of nursing required to manage their recovery safely and efficiently.

To comply with the National Mental Health Standards and as required by the Work Health and Safety legislation, the employer must either control the risk, which is not possible in this situation as the risk is too complex to have standard measures, therefore the risk must be eliminated, which can only be done by **not** employing AINs to work in this environment.

### **Due Diligence of Officers**

There is a foreseeable risk involved of violence occurring in acute mental health units and having AINs as part of the skill mix in this intensive nursing environment

would be exposing all in the acute care environment to an undue increased risk of harm.

The NSW Work Health and Safety Act 2011 No 10,

*Division 4 Duty of officers, workers and other persons,*

*27 Duty of officers*

- (1) *If a person conducting a business or undertaking has a duty or obligation under this Act, an officer of the person conducting the business or undertaking must exercise due diligence to ensure that the person conducting the business or undertaking complies with that duty or obligation.*

*Division 5 Offences and penalties*

*31 Reckless conduct—Category 1*

(1) *A person commits a Category 1 offence if:*

- (a) *the person has a health and safety duty, and*
- (b) *the person, without reasonable excuse, engages in conduct that exposes an individual to whom that duty is owed to a risk of death or serious injury or illness, and*
- (c) *the person is reckless as to the risk to an individual of death or serious injury or illness.*

*Maximum penalty:*

- (a) *in the case of an offence committed by an individual (other than as a person conducting a business or undertaking or as an officer of a person conducting a business or undertaking)—\$300,000 or 5 years imprisonment or both, or*
- (b) *in the case of an offence committed by an individual as a person conducting a business or undertaking or as an officer of a person conducting a business or undertaking—\$600,000 or 5 years imprisonment or both, or*
- (c) *in the case of an offence committed by a body corporate—\$3,000,000.*

- (2) *The prosecution bears the burden of proving that the conduct was engaged in without reasonable excuse.*

In order for Officers to practice their '*Due Diligence*', the only foreseeable control to introduce is the elimination of AINs from such high risk environments. Placing AINs at such a foreseeable risk should not be taken as an acceptable risk.

### **Skill mix**

A common argument to employing AINs is that they will allow the RN to focus on more relevant nursing activities. The Northern Sydney LHD has expressed the intention to employ a staffing mix of 70% RN 20%EN and 10% AIN across all units of the LHD.

“Nurses have expressed concerns that changes to staffing are often made without evaluation of how the decisions will affect patient safety and that they may have adverse outcomes for patients, nurses and organizations (CNA, 2005, p. 1).”

*Valuing Health-Care Team Members, Working with Unregulated Health Workers, A Discussion Paper. Pan- Canadian Planning Committee on Unregulated Health Workers 2008. (Page 10)*

One common complaint is that the demand on the RNs time to oversee the AIN often becomes excessive, detracting from their ability to perform their own nursing activities adequately.

While trying to manage their own patient allocation they must also oversee and manage the duties not able to be performed by the AINs under their direct supervision for which the RNs are legally accountable.

Having a skill mix that includes AINs in an area such as a PICU significantly increases the RNs work load.

*“a number of large international studies, mostly within medical–surgical units, indicate that as RN–patient ratios decreased, the level of work satisfaction decreased and burnout increased. Safety was also compromised as the RN–*

*patient ratio decreased, that is, there was an increase in death from hospital complications and an increased mortality.”*

*(Addressing the mental health nurse shortage: Undergraduate nursing students working as assistants in nursing in inpatient mental health settings, Browne, Graeme; Cashin, Andrew; Graham, Iain; Shaw, Warren, International Journal of Nursing Practice 2013; 19: 539–545, page 540).*

Clearly, the introduction of AINs into mental health needs to be based on the available research that indicates changes in skill mix, where AINs are introduced, can have adverse effects on the care to consumers.

Therefore we would have to question the rationale for Northern Sydney adopting this approach to staffing of acute mental health units, when research and evidence does not support this proposition. In mental health this would mean higher risks of increased aggressive incidents and violence and higher risk of injury to clients and staff.

## **Consultation**

The NSW Work Health and Safety Act 2011 No 10,  
Part 5 Consultation, representation and participation

Division 1 Consultation, co-operation and co-ordination between duty holders

47 *Duty to consult workers*

(1) *The person conducting a business or undertaking must, so far as is reasonably practicable, consult, in accordance with this Division and the regulations, with workers who carry out work for the business or undertaking who are, or are likely to be, directly affected by a matter relating to work health or safety.*

49 *When consultation is required*

(d) *when proposing changes that may affect the health or safety of workers*

Consultation must take place before any changes are initiated in any work place, so any risks identified and appropriate ways of adequately managing or (if too complex to manage appropriately and safely as in this situation) elimination of the risks.

## **Conclusion**

The NSWNMA firmly holds the opinion that Assistants in Nursing (AIN) are valuable members of the health care team, and this is supported by research. The NSWNMA strongly supports assistants in nursing with their role in assisting regulated nurses in the provision of nursing care where clinically appropriate.

Placing the AIN in the acute mental health environment would be placing the AIN in a situation that has a high probability or risk of harm as they would be expected to work in an environment that far exceeds their level of competency and scope of practice.

With the evidence provided it must be seen that the AIN is not capable of performing a role in the PICU for all practicable purposes.

- The push for AINs in acute mental health units including PICU is driven by cost saving and is very short sighted.
- There is no assessment of the risk that would result from this proposal as required under legislation.
- The PICU and indeed acute mental health nursing units have a high level of violence and aggression occurring with staff injuries resulting.
- AINs do not have the necessary skills to manage these acute complex and unpredictable clients, usually held under the 'Mental Health Act' (in itself an indication of their un-wellness).
- AINs are limited by their limited training and activities they are able to perform in this clinical environment.



- The skill mix would have an adverse impact on the RN's ability to perform their own work, and provide the expert interventions required, leading to a more unstable environment.
- This proposal does not meet the National Mental Health Standards for safety.
- Placing the AIN in the acute mental health environment would be in breach of the Work Health and Safety Act and regulations.
- There is foreseeable risk involved with the employment of AINs in acute mental health units and employing them in any acute unit with this knowledge could be argued as negligent.
- RNs could be seen to be negligent when delegating duties to AINs in such an environment.
- Short term cost saving is lost in the long term due to:
  - Increased aggression and possible client/staff injuries.
  - Poor patient outcomes, including higher rates of seclusion and longer more frequent admissions.
  - Increased workers compensation premiums and liability of risk.

The evidence provided in this document, highlights that the proposal to employ AINs in acute mental health facilities would place the AIN at immense foreseeable risk with a high probability of harm.

To introduce an AIN into this type of environment would place them at risk and be in breach of the Work Health and Safety Act.

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